

236146

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:    ☐ IXC            ☒ CLEC            ☐ ILEC            ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

TelCove Operations, LLC  
 Company Name \_\_\_\_\_ N \_\_\_\_\_  
 \_\_\_\_\_ 1-877-253-8353  
 Dba/fka \_\_\_\_\_ Telephone # \_\_\_\_\_  
 1025 Eldorado Blvd  
 Mailing Address \_\_\_\_\_  
 Broomfield, CO 80021  
 City, State, Zip Code \_\_\_\_\_  
 1025 Eldorado Blvd  
 Business Location \_\_\_\_\_  
 Broomfield, CO 80021 \_\_\_\_\_ Broomfield  
 City, State, Zip Code \_\_\_\_\_ County

**REGISTERED AGENT INFORMATION**

Registered Agent: \_\_\_\_\_ Corporation Service Company  
 Mailing Address: \_\_\_\_\_ 1703 Laurel Street  
 City, State, Zip Code: \_\_\_\_\_ Columbia, SC 29201

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Scott Seab  
**General Manager** (Include address if different than above.)  
 720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com  
 Telephone Number Facsimile Number E-mail Address
- B. Karen Hyde  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
 724-743-9719 / N/A / Karen.Hyde@Level3.com  
 Telephone Number Facsimile Number E-mail Address
- C1. Scott Seab  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
 720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com  
 Telephone Number Facsimile Number E-mail Address
- C2. 1-877-253-8353  
**Customer Contact (Toll Free Number)**
- D. Engineering Operations  
**Engineering Operations** (Include address if different than above.)  
 1-877-453-8353 / N/A / N/A  
 Telephone Number Facsimile Number E-mail Address
- E. Test and Repair  
**Test and Repair** (Include address if different than above.)  
 1-877-453-8353 / N/A / N/A  
 Telephone Number Facsimile Number E-mail Address

F. Emergencies  
**Emergencies** (During non-office hours)  
1-877-253-8353 / N/A / N/A  
Telephone Number Facsimile Number E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Scott Seab  
**Regulatory Officer** (Include address if different than above.)  
720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com  
Telephone Number Facsimile Number E-mail Address

H. N/A  
**Dual Party Mailings** (Name)  
N/A  
Mailing Address  
N/A / N/A / N/A  
Telephone Number Facsimile Number E-mail Address

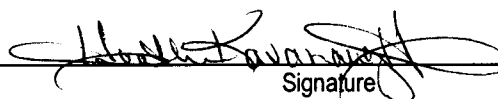
I. N/A  
**Interim LEC Fund Mailings** (Name)  
N/A  
Mailing Address  
N/A / N/A / N/A  
Telephone Number Facsimile Number E-mail Address

J. Andrew Labbe  
**Universal Service Fund Mailings** (Name)  
1025 Eldorado Blvd. Broomfield, CO 80021  
Mailing Address  
720-888-3883 / N/A / Andrew.Labbe@Level3.com  
Telephone Number Facsimile Number E-mail Address

K. Andrew Labbe  
**Gross Receipts Mailings** (Name)  
1025 Eldorado Blvd. Broomfield, CO 80021  
Mailing Address  
720-888-3883 / N/A / Andrew.Labbe@Level3.com  
Telephone Number Facsimile Number E-mail Address

L. N/A  
**Lifeline Mailings** (Name)  
N/A  
Mailing Address  
N/A / N/A / N/A  
Telephone Number Facsimile Number E-mail Address

Heather Kavanaugh  
This form was completed by (print name)

  
Signature

Legal Administrative Assistant  
Title

March 27, 2012  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)